

RUN DATE: 03/15/2004		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 03/16/2004					
		FINANCIAL PAYER: NCDMM					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	BOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8931	300	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		8599	214	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	442	1024	10452
							9428
		24	108	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI			
3404902	BLUE RIDGE COMM UNITY	8505	912	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		21	148	DUPLICATE OF CLAIM-SYSTEM	0	1061	1155
							94
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404905	TREND COMM MENT AL HLTH CTR	21	144	DUPLICATE OF CLAIM-SYSTEM			
		11	119	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	422	566
							144
		8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	42
							42
3404910	PATHWAYS	8326	21954	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A			
		120	71	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	22156	22203
							47
		191	65	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	1870	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		24	28	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	1	1910	1927
							17
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			

		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404913	MECKLENBURG COMM ENTAL HEALTH	23	4403	SERVICE REQUIRES PRIOR APPROVAL				
				L				
		8599	638	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	71	5578	6868	1290
		8544	224	CLAIM DENIED DUE TO INVALID FROM DATE OF SERVICE				
3404916	CROSSROADS BEHAVIORAL HEALTH	11	400	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8621	14	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	427	815	388
		5404	5	SEVERE DUPLICATE: SAME ATTD PROVIDER/PCODE/TOS/DOS/MOD				
3404917	CENTERPOINT HUMAN SERVICES	8505	3425	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	237	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	119	4122	5639	1517
		8326	161	ATTENDING PROVIDER NUMBER IS REQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
3404918	ROCKINGHAM COMM ENTAL HEALTH	8599	1	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	1	11	10
3404919	GUILFORD COMM ENTAL HEALTHC	8505	1479	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	376	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	131	2562	3983	1421
		8599	281	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWELL L AREA MH D	8505	7892	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	684	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	8617	8722	105
		21	30	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON CENTER HATHAM AREA	21	725	DUPLICATE OF CLAIM-SYSTEM				
		8505	624	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	28	2021	3473	1452
		5404	220	SEVERE DUPLICATE: SAME ATTD PROVIDER/PCODE/TOS/DOS/MOD				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404922	THE DURHAM CENT ER	21	395	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	395	598	203
3404923	VGFW AREA AUTHO RITY	8505	480	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	662	875	213
		8800	33	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404924	PIEDMONT AREA M H/DD/SAS	8525	12	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		0	0		0	12	12	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	3585	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	343	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	153	4477	7963	3486
		8502	223	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	3004	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	186	CLIENT NOT ELIGIBLE ON SERVICE DATE	117	3989	7143	3154
		8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	2806	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	184	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	3284	4991	1707
		8599	166	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	8505	2368	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	145	DUPLICATE OF CLAIM-SYSTEM	6	2691	3628	937
		8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	41	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	3	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	44	63	19
3404931	WAKE CO HUM SVC BILLING OF	11	187	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	60	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	271	370	99
		24	10	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404932	RANDOLPH/SANDWI LLS CO MH C	8505	1334	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8502	231	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT	44	1922	2370	448
		21	110	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	1703	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	156	CLIENT NOT ELIGIBLE ON SERVICE DATE	69	2214	3490	1276
		8800	118	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow COUNTY B EHAVIORAL H	8505	180	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	102	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	545	1177	632
		11	59	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	182	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	156	DUPLICATE OF CLAIM-SYSTEM	10	389	1681	1292
		8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGEcombe NASH MNTL HLTH C	21	1048	DUPLICATE OF CLAIM-SYSTEM				
		8505	223	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1371	1556	185
		8800	99	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404938	RIVERSTONE MENT AL HEALTH C	8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	125	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	98	460	2707	2247
		8931	54	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8505	632	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	423	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1378	2783	1405
		8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	384	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	246	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	147	1076	3831	2755
		537	116	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	37	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE	5	105	1225	1120
		143	16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	194	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	172	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	59	637	2806	2169
		11	115	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404944	EASTPOINTE HUMANA SERVICES	8599	94	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	76	DUPLICATE OF CLAIM-SYSTEM	72	390	3230	2840
		8621	48	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREA MENTAL HEALTH	21	2375	DUPLICATE OF CLAIM-SYSTEM				
		5404	1	SEVERE DUPLICATE: SAME ATTD PROOV/PCODE/TOS/DOS/MOD	0	2376	2719	343
3404957	TIDELAND MENTAL HEALTH CTR	8505	212	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	126	DUPLICATE OF CLAIM-SYSTEM	72	536	1051	515
		8517	39	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MENTAL HEALTH PRO	8505	719	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	540	DUPLICATE OF CLAIM-SYSTEM	6	1836	1920	84
		11	302	CLIENT NOT ELIGIBLE ON SERVICE DATE				